

# DO/ EO WORKSHEET

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## RECEIPTS FROM THE APPLICANT (other than checked above) :

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| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)<br><input checked="" type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract<br><input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>28</u> )<br><input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment<br><input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered :<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other : _____<br><input type="checkbox"/> Application Data Sheet<br><input type="checkbox"/> Power of Attorney<br><input type="checkbox"/> Change of Address | <input type="checkbox"/> Preliminary Amendment(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Information Disclosure Statement(s) Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)<br><input type="checkbox"/> Assignee Statement Under 37 CFR 3.73(b)<br><input type="checkbox"/> Assignee PG Publication Notice<br><input type="checkbox"/> Substitute Specification Filed on :<br>1. <input type="checkbox"/> same as 371 request date 2. _____ 3. _____<br><input type="checkbox"/> Verified Small Status Statement<br><input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other<br><input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing<br><input type="checkbox"/> Other : _____ |
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